| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |                                                                                                               |                                           |                                                     |                         |                                       |                  |       | ORD                 | Application or Docket Number |        |                            |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-------------------------|---------------------------------------|------------------|-------|---------------------|------------------------------|--------|----------------------------|------------------------|
|                                                                          |                                                                                                               | CLAIMS A                                  | S FILED - I                                         |                         | (Column 2)                            |                  |       | SMALL ENT           | - Table 1                    |        | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES                                                 |                                                                                                               |                                           |                                                     |                         |                                       |                  |       | RATE                | FEE                          |        | RATE                       | FEE                    |
| BASIC FEE                                                                |                                                                                                               |                                           | SMALL ENT. = \$ 160                                 |                         | LARG                                  | E ENT. = \$ 300  |       | BASIC FEE           |                              | OR     | BASIC FEE                  |                        |
| EXAMINATION FEE                                                          |                                                                                                               |                                           | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                         | All other situations = \$100 / \$ 200 |                  |       | EXAM. FEE           |                              |        | EXAM. FEE                  |                        |
| SEARCH FEE                                                               |                                                                                                               |                                           | U.S. is ISA = \$ ALL other coun \$ 200 / \$ 4       | 50 / \$ 100<br>ntrięs ≖ | All other situations = \$250 / \$600  |                  |       | SEARCH FEE          |                              |        | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                                                                               |                                           | mlnu                                                | ıs 100 ≖                | . /50 ≐                               |                  |       | X \$ 125 =          |                              |        | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                               |                                           | min                                                 | us 20 =                 | •                                     |                  |       | X \$ 25 =           |                              | OR     | X \$ 50 =                  | ·                      |
| INDEPENDENT CLAIMS                                                       |                                                                                                               |                                           | mi                                                  | inus 3 =                |                                       |                  |       | X \$ 100 =          |                              | OR     | X \$ 200 =                 | ,                      |
| MUL                                                                      | TIPLE DEPEND                                                                                                  | ENŤ CLAIM PRI                             | SENT                                                |                         |                                       |                  |       | + \$ 180 =          |                              | OR     | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                               |                                           |                                                     |                         |                                       |                  | TOTAL |                     | OR.                          | TOTAL. |                            |                        |
|                                                                          | CLAIMS AS AMENDED - PART II  4-20-06 (Column 1) (Column 2) (Column 3  CLAIMS HIGHEST REMAINING NUMBER PRESENT |                                           |                                                     |                         |                                       |                  | 1 1   | SMALL E             | ADDI-                        | OR     | OTHER SMALL E              |                        |
| AMENDMENT A                                                              |                                                                                                               | AFTER<br>AMENDMENT                        |                                                     | PREVIO<br>PAID          | OUSLY<br>FOR                          | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE                |        | RATE .                     | TIONAL<br>FEE          |
|                                                                          | Total                                                                                                         | • /0                                      | Minus                                               | .39                     | 7                                     | -                |       | X \$ 25 =           |                              | OR     | X \$ 50 =                  |                        |
|                                                                          | Independent                                                                                                   | 2                                         | Minus                                               | 6                       | 7                                     |                  |       | X \$ 100 =          |                              | OR     | X \$ 200 =                 | · —                    |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                |                                           |                                                     |                         |                                       |                  |       | + \$ 180 =          |                              | OR     | + \$ 360 =                 |                        |
| •                                                                        |                                                                                                               |                                           |                                                     |                         |                                       |                  |       | TOTAL ADDIT.<br>FEE |                              | OR     | TOTAL ADDIT.<br>FEE        |                        |
|                                                                          | •                                                                                                             | (Column 1)                                |                                                     | (Colu                   | mn 2)                                 | (Cotumn 3)       |       |                     |                              |        |                            |                        |
| AMENDMENT B                                                              |                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                     | . HIGH<br>NUM<br>PREVI  |                                       | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE       |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                         | *                                         | Minus                                               | ••                      |                                       | ÷                |       | X \$ 25 =           |                              | OR     | X \$ 50 =                  |                        |
|                                                                          | Independent                                                                                                   | •                                         | Minus                                               | ***                     |                                       | • •              |       | X \$ 100 =          | -                            | OR     | X \$ 200 =                 |                        |
| (                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                |                                           |                                                     |                         |                                       |                  |       | + \$ 180 =          |                              | OR     | + \$ 360 =                 |                        |
|                                                                          |                                                                                                               |                                           |                                                     |                         |                                       |                  |       | YOTAL ADDIT.<br>FEE |                              | OR     | TOTAL ADDIT.               |                        |
| ŀ·<br>                                                                   |                                                                                                               |                                           |                                                     | ·                       |                                       |                  | ·     |                     | •                            |        |                            |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.